

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number <b>08/850,996</b>		Filing Date <b>May 5, 1997</b>			
							Applicant(s) <b>LYDECKER, George et al.</b>					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓		✓				51					
2		✓		✓			52					
3		✓		✓			53					
4		✓		✓			54					
5		✓		✓			55					
6		✓		✓			56					
7		✓		✓			57					
8		✓		✓			58					
9		✓		✓			59					
10		✓		✓			60					
11		✓		✓			61					
12		✓		✓			62					
13		✓		✓			63					
14		✓		✓			64					
15	✓		✓				65					
16	✓		✓				66					
17	✓		✓				67					
18			✓				68					
19			✓		✓		69					
20					✓		70					
21			✓		✓		71					
22					✓		72					
23					✓		73					
24					✓		74					
25					✓		75					
26					✓		76					
27					✓		77					
28					✓		78					
29					✓		79					
30					✓		80					
31			✓		✓		81					
32					✓		82					
33							83					
34							84					
35							85					
36							86					
37							87					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	4		8				Total Indep					
Total Depend	13		24				Total Depend					
Total Claims	17		32				Total Claims					

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